



# Shark Repellant For Providers In Emergency Medical Services

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# Documentation:

“What was not written  
did not happen. . .”

- Clear
- Factual
- Unbiased
- Respectful



# Documentation as Journalism

**Who?** Any witness having knowledge of facts.  
(Perfectly fine to collaborate and pool information.)

**What?** Facts and other observations. Use  
Quotation marks for information provided by others.

**When?** Immediately and continuously



# Documentation as Journalism

**Where?** Your story should have some movement. Make your report clear as to timeline and location.

## **Why?**

- Patient care continuity
- Pertinent findings (Allergies? Meds?)
- Trending observations
- Professionalism



# Documentation as Journalism

## How?

- Rough notes on tape, glove, notebook
  - PPCR
  - Dictation?
- Document with photos/video of scene
  - EKG strips
  - EKG memory capability



# Documentation as Journalism

**However?**

- Retain rough notes until incorporated
- PPCR must be legible and complete
  - Dictation file must be maintained
- Securely retain photos/video of scene
  - HIPAA! HIPPA? HIPPO?
- EKG strips should follow patient
  - QA/ training?



# Documentation:

## R E S P E C T:

Avoid Jargon

Avoid (attempts at) humor

Be brief

Be factual

Be gone



# Documentation:

R E S P E C T:

For example, what do the  
Following chart entries reveal  
The professionalism of their  
Authors?





# Documentation:

“that bacterial virus is a doozy”

“denies any rectal breeding”

“spucus”

“if she wants children, think about recommending birth control pills”

“holy systolic murmur”

“pt expired and was dc’d home”

“She diuresed pretty well. I gave her 40 of Lasix and she put out 2000 liters.”



# Documentation:

“unresponsive and in no distress”

“nonverbal, noncommunicative and offers no complaints”

“irregular heart failure”

“The need to maintain dialogue with the family regarding the appropriateness of limiting futile care to the patient “is noted”

“increased worry”

“pt was apprehended and guarded”

“pulses are fixed and dilated”

Reason for leaving AMA – “pt wants to live”



# Documentation:

Order “Please feed patient only when awake.”

“nonaudible wheezing noted”

“I just want to let you know that this lady has had decreased urinary intake.”

“No clubbing, cyanois, or extremities.”

“pneumonia left femur”

“2-4 packs of whiskey QD”

AND

“He is allergic to wives.”



# Why Do We Care?

Our society settles grievances with lawsuits.

Lawsuits are easy to start and slow to end.

Good facts make for good outcomes.

How can great documentation help?



# Why Do We Care?

Review of liability elements:

Duty

Breach

Causation

Injury or damages



# Why Do We Care?

Review of liability elements:

Duty: An overt or implied obligation to take action  
Or refrain from taking action

Breach

Causation

Injury or damages



# Why Do We Care?

Review of liability elements:

Duty

Breach: Failure or refusal to discharge that duty

In a reasonable and prudent manner

Causation

Injury or damages



# Why Do We Care?

Review of liability elements:

Duty

Breach

Causation: The breach of duty must have  
“proximally” caused the harm

Injury or damages





# Why Do We Care?

Review of liability elements:

Duty

Breach

Causation

Injury or damages: The plaintiff can prove, by  
A preponderance, that he or she was harmed,  
physically or emotionally injured, or  
experienced property damage



# Why Do We Care?

- Our profession or avocation places us in unique situations, many involving injury or other harms.
- We might be the only unbiased witness to the event or incident.
- We might be the defendant accused of causing the harm as a result of a breach of a duty.
- Years and tens of thousands of dollars in legal fees later, we might be exonerated. Or not.



## For Example:

Motor Vehicle crash at Fluvanna's one traffic light. Driver of pickup T-Bones sedan. Driver of pickup looks across his hood and into the driver's window of sedan and observes woman driving. Woman later denies driving, says the male in the car was driving. (This is important because there is insurance if he is driving but not if she is driving) Squad's documentation reveals:



For Example:

0

All three evaluated, no record of who  
was in or driving what.



## Second Scenario:

27 YOA Female operator of SUV at a reported 55 MPH on a two-lane rural road grazes the front of a smaller vehicle pulling out from a driveway. Impact embeds license plate of small vehicle into the right front tire of the SUV. SUV skids, yaws 180 degrees before coming to rest balanced over a deep roadside ditch.



## Second Scenario:

There is more: SUV operator is transporting 4 year old child restrained in safety seat. Mother and child found outside SUV by second bystander. Mother anxious, child lethargic. Police, Fire, Rescue called from scene. Debris field extends from point of impact to point SUV is teetering across the ditch, approximately 50 yards. 47 degrees Fahrenheit One lane closed.



## Second Scenario:

Fire (Engine) arrives in 30 minutes, 9 miles from his station. Sheriff arrives next. Ambulance arrives about an hour after called despite 12 mile response. In the meantime, SUV mother is shivering in the cold, is loaned bystander jacket. Child begins to play in the dirt along the road. Firefighters direct traffic, deputy collects OL and registration.



## Second Scenario:

Who can predict what happened next?





## Bonus Legal issues:

- Review and Update

### Highlights:

- Consent and refusal for treatment
- Legal liability and immunity
- Confidentiality
- State and federal Regulations
  - Agency
  - Trucks
  - Providers

### Vehicles



Generally, we must have our patient's (affirmative) consent to treat them.

Consent:   Informed  
              Competent patient  
              Accurate

Exception: Children  
              Other incompetents  
              Altered levels of consciousness  
              "Implied consent"



# Patient Confidentiality:

- OEMS Regulations and common sense
- Federal Statutes
  - Health Insurance Portability and Accountability Act (HIPAA)
    - Effective April 2003
    - Much broader than patient confidentiality (but that is the part that pertains directly to us)
    - Sanctions include civil and administrative punishments.



# Patient Confidentiality:

## **12 VAC 5-31-950. Disclosure of patient information.**

EMS personnel may not share or disclose medical information concerning the names, treatments, conditions or medical history of patients treated. This information must be maintained as confidential. . .

Examples:

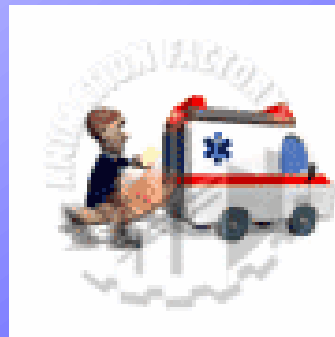
- Identity, S&S, history, treatment, prognosis
- Location, Mechanism of Injury

Basic Rule: “Whatever you say, say nothing at all”



## The “Good Samaritan” Law Overview

- May provide a defense
- You might get sued anyway
- Does not apply to driving!!





# Vehicles and their operation:

Our greatest risk. .

- Risk of harm
- Risk of death
- Risk of prosecution
- Risk of civil liability
- Risk of loss of agency



# Vehicles and their operation:

Our greatest risk. .

- Risk of harm
  - Big, clumsy, heavy
  - Emergent conditions
  - Unstable scenes
  - Unfamiliar equipment
  - Daily experience
  - “Moths to the flame”



## Summary:

- Legal liability for emergency service providers is a manageable risk.
- Risks include failing or refusing to treat, in addition to inappropriate treatment.
  - Document, document, document
- Abandoning a patient once treatment begins is extremely risky.
- Treatment of the patient includes maintaining patient confidentiality.
  - Document, document, document
- The operation of emergency vehicles is a great risk area with limited immunity or other defenses.

## Questions?





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